

Design and Construction AN ISO 9001:2015 CERTIFIED ORGANIZATION

Division of Contract Management, 35th Floor, Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12242 Phone: (518) 474-0331

	FOR OGS USE ONLY					
DECLARATION OF EMERGENCY	E					

INSTRUCTIONS: The Declaration of Emergency (BDC 318) form must be filled-out by an authorized agency representative and emailed to: ogs.sm.D&Cemergencies@ogs.ny.gov

Provide a brief description of the problem.		Bondable?				
 2. Complete the justification and fully explain the effect 3. Complete the certification. If the emergency occurs after-hours (4:00pm - 7:00ar If the form is emailed by the authorized agency repredesignee's email to OGS. 		Yes No n/a sentative in the				
Agency:	Agency Project Number:	Facility:				
Project Title:						
Is this facility owned by New York State?	Yes No *If no, attach verification reconstruction or mainter	that the State of New York is responsible for repair, nance.				
Has a previous study or report been performed?	Yes No If yes, please provide Pro	es No If yes, please provide Project Number.				
Description of Problem:						
Justification for Emergency Contract:	<u>_</u>					
Immediate corrective action is required (check all that apply): to permit the safe continuation of a necessary public use or function.						
	to protect the property of to protect the life, health	and safety of any person.				
Provide full explanation.	<u></u>	, , , ,				
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Facility on-site representative to coordinate	services with Design & Construction Field 8	тап:				
Name	Phone Number	Email address				
involves a pressing ne	ne damage or malfunction was caused by una recessity for immediate repair, reconstruction y situation and OGS is hereby designated a	or maintenance. Funds are available to				
Authorized Agency Representative Nam	ne Authorized Agency Rep	resentative Title Date				
Authorized Agency Representative Ivali	no Authorized Agency Rep	Date Date				